



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Fax: (978) 929-6340
www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Village Subaru Date 9/22/2014
Address: 50 and 61 Powdermill Road
Type of Business: Auto garage
Telephone: 978-450-6135 Email: Service@villagesubaru.net
Contact Person: Dave Taylor Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	✓		
Spills present		✓	
Appropriate material storage	✓		
Materials and wastes separate	✓		
Cleanup materials available	✓		
Materials have secondary containment	✓		
Materials and wastes are labeled	✓		
Safety:			
Are MSDS sheets available on site	✓		
Employee personal protective equipment on site	✓		
Employees trained in Haz Mat handling	✓		
Emergency procedures posted	✓		
Site Management:			
Waste removed by licensed hauler	✓		
Floor drains present in area of Haz Mat or waste	✓		To UST
Sinks present in area of Haz Mat or waste		✓	
Testing of septic system necessary		✓	
Does site plan on file reflect current arrangement	✓		
Any UST (underground storage tank) present	✓		
If UST present, is it alarmed	✓		

Action Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Re-inspection required? Yes ☐ No ☒


Inspector Signature

Date

Re-inspection Date: _____


Facility Representative Signature

Date

D.H.
9/25/14



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Fax: (978) 929-6340
www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Village Subaru Date 9/22/2014
Address: 50 and 61 Powdermill Road
Type of Business: Auto garage
Telephone: 978-450-6135 Email: Service@villagesubaru.net
Contact Person: Dave Taylor Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	✓		
Spills present		✓	
Appropriate material storage	✓		
Materials and wastes separate	✓		
Cleanup materials available	✓		
Materials have secondary containment	✓		
Materials and wastes are labeled	✓		
Safety:			
Are MSDS sheets available on site	✓		
Employee personal protective equipment on site	✓		
Employees trained in Haz Mat handling	✓		
Emergency procedures posted	✓		
Site Management:			
Waste removed by licensed hauler	✓		
Floor drains present in area of Haz Mat or waste	✓		To UST
Sinks present in area of Haz Mat or waste		✓	
Testing of septic system necessary		✓	
Does site plan on file reflect current arrangement	✓		
Any UST (underground storage tank) present	✓		
If UST present, is it alarmed	✓		

Action Items:

- _____
- _____
- _____
- _____
- _____
- _____

Re-inspection required? Yes ☐ No ☒



Inspector Signature

Date

Re-inspection Date: _____



Facility Representative Signature

Date

D. H. 9/25/14

Spill Prevention & Response Plan

Santilli Enterprises INC D/B/A Village Subaru
50 Powdermill Rd
(978)-897-1128
Acton, MA 01720

Spill Prevention:

Ensure all hazardous substances are properly labeled. Store, dispense and/or use hazardous substances in a way that prevents release. Providing secondary containers when storing hazardous substances in bulk quantities. Maintain good housekeeping practices for all chemical materials at the facility.

Spill Containment:

The general spill response procedure at this facility is to stop the source of the spill, contain any spilled material, and clean up the spill timely to prevent accidental injury or other damage from occurring. Because of the low potential for spills occurring at this facility the most likely spills to occur are small or incidental spills.

Small spills will be contained by site personnel if they are able to do so without risking injury. Ensure spill clean up materials are properly characterized before disposal.

Emergency Procedures:

- Immediately call **911** in the event of injury, fire or potential fire, spill of a hazardous substance that gives rise to an emergency situation, or release of a hazardous substance to the environment (i.e. ground, surface water, floor drains or storm water drains).



ACTON BOARD OF HEALTH APPLICATION for INITIAL HAZARDOUS MATERIALS PERMIT

Legal Name of Facility or Establishment: Santilli Enterprises The
 Site Address: dba Village Subaru
 Mailing Address: 61 Powder Mill Rd Acton Ma 01720
 Business Telephone: 978 897 1125
 Corporate Officers: Ronald Santilli Office Santilli
 Emergency Contact Person: John Olsen
 Emergency Telephone (Day): 978 873 0915 Emergency Telephone (Night): 978 873 0915
 Type of Business: Automotive

***Aquifer Location:**

- ☐ Well protection [1]
☐ Recharge protection [2]
☐ Aquifer protection [3]
☐ Watershed protection [4]

***Watershed District:**

- ☐ Fort Pond
☐ Nashoba Brook

**Maps available at Acton Health Department.*

Type(s) of Permits Needed:

- ___ Remedial action following a discharge: [# 5 (discharge), # 6 (remediation)]
☒ Small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):
 [generator: # 3 (mat.); # 1 (waste) (lrg.), # 2 (waste) (sm.)] [user: # 4 (mat.), # 7 (waste)]
☒ Storage (> 25 gal or lb) > 24 hrs: [# 8, # 9 (mat.), # 12, # 13 (waste)]
 ___ Storage, use, generation of *extremely* hazardous material
 ___ Storage of hazardous material or waste *overnight in trucks*
 ___ Storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (lrg.), # 11 (sm.)]
 ___ UST storage of flammable or combustible materials
 ___ Change in material stored
 ___ Removal of underground tank

Requirements: *(Please ensure to include all required material before submission to Acton B.O.H)*

- ☒ Complete Non-Waste and Waste Information *(sections A and B)*
☒ M.S.D.S. for all chemicals listed on application
 ___ Emergency or contingency plan for an accidental spill
☒ Site plan of premises showing areas where chemicals are stored (including tanks and piping), distance to roads or other buildings, unique slopes, arrow indicating north, and location of safety equipment. *(see section C)*
 ___ Copies of disposal manifests (or other documents) showing proper disposal measures of all chemicals listed.
 ___ Evidence of date(s) of purchase for all storage systems
 ___ Copies of all relevant documentation (permits and citations)
 ___ Certifying Endorsement

A. Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
VIRGIN MOTOR OIL	300 gal. ____ lbs. ____ cu. ft.	150 gal. ____ lbs. ____ ft.	P2 T7 P2 P7
VIRGIN MOTOR OIL	500 gal. ____ lbs. ____ cu. ft.	300 gal. ____ lbs. ____ cu. ft.	P1 E4 P1 G10
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
USED MOTOR OIL	<input type="checkbox"/> Recycled on-site. <input checked="" type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	300 gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	P1 F4 P2 Y7
USED ENGINE COOLANT	<input type="checkbox"/> Recycled on-site. <input checked="" type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	200 gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	P2 X10 P1 E2
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

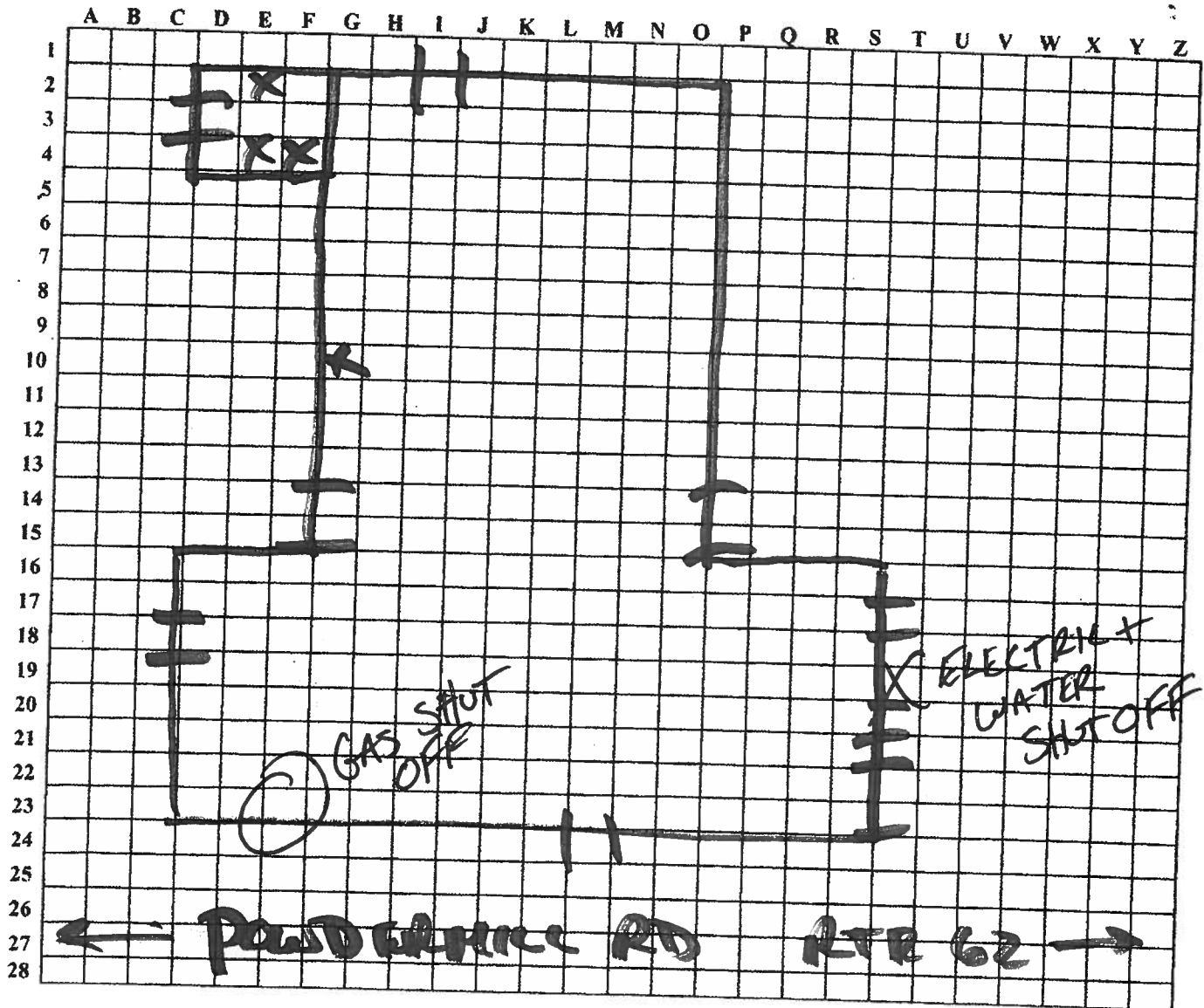
C. Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

P2

Site Address: 601 POWDERHILL RD City: ACTON
Date Map Drawn: 6/23/14



D. Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

DAVID TAYLOR
Owner/Operator's Name (Print)

[Signature]
Owner/Operator's Signature

6/23/14
Date

----- Do Not Complete below This Line -----

C. Facility Site Plan/Storage Map

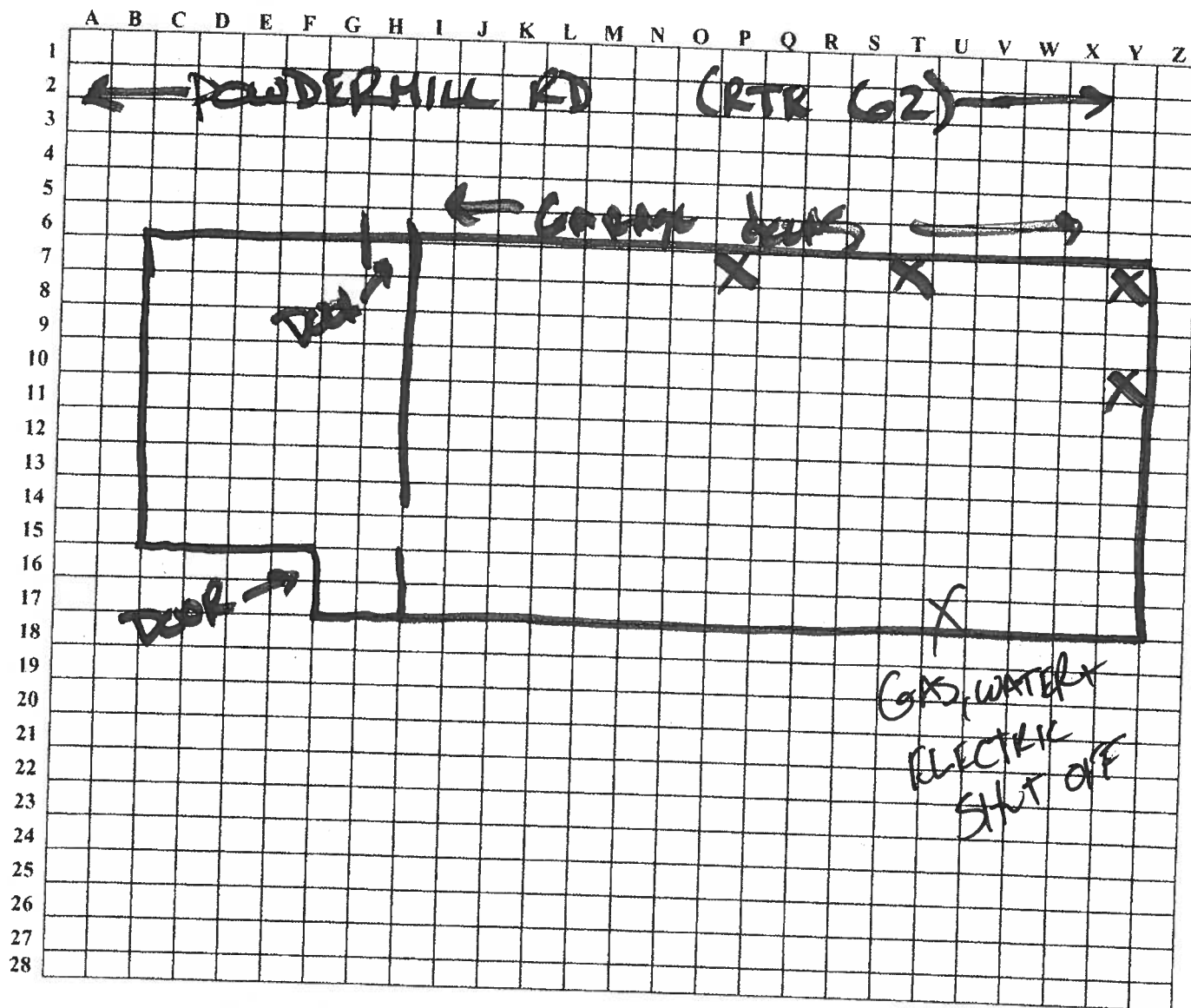
Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

R2

Site Address: 50 POWDERHILL RD City: ACTON

Date Map Drawn: 6/23/14



D. Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

DAVID TAYLOR
Owner/Operator's Name (Print)

[Signature]
Owner/Operator's Signature

6/23/14
Date

----- Do Not Complete below This Line -----